



State of Hawaii  
Department of Health  
P.O. Box 3378  
Honolulu, HI 96814

Hawaii Beverage Container Deposit Program  
**Certification Application**  
Redemption Centers

**INSTRUCTIONS**

- Print in ink or type.
- Indicate N/A for any items that are not applicable.
- Only applications with all necessary attachments will be considered complete.

**Mail completed application to:**  
Hawaii Department of Health  
Office of Solid Waste Management  
919 Ala Moana Blvd., Room 212  
Honolulu, HI 96814-4920

**If you have questions phone: 586-4226**

**OFFICE USE ONLY**

Date Received \_\_\_\_\_  
Received By \_\_\_\_\_  
Application # \_\_\_\_\_  
Plans Attached ☐ Yes ☐ No  
Action on Application ☐ Approved ☐ Disapproved  
☐ Conditional Approval  
Date Issued \_\_\_\_\_  
Certification # \_\_\_\_\_

**SECTION 1: Contact Information**

1. Organization Name \_\_\_\_\_
2. Business Address \_\_\_\_\_  
\_\_\_\_\_
3. Contact Person \_\_\_\_\_  

FirstMiddleLast
4. Contact Title \_\_\_\_\_
5. Phone \_\_\_\_\_
6. Fax \_\_\_\_\_
7. Attached to this application is a current tax clearance from the Department of Taxation? ☐ Yes ☐ No
8. Attached to this application is a certificate of good standing issued by the Department of Commerce & Consumer Affairs? ☐ Yes ☐ No ☐ N/A applicant is a sole proprietor

## SECTION 2: Organization Type

### 9. Type of Organization

- ☐ Individual
- ☐ Partnership: \_\_\_ General or \_\_\_ Limited *Submit copy of current partnership agreement.*
- ☐ Corporation: *Number as filed with Secretary of State* \_\_\_\_\_  
*Submit Articles of Incorporation and list of current corporate officers.*  
\_\_\_ Profit or \_\_\_ Nonprofit  
\_\_\_ Domestic or \_\_\_ Foreign *If foreign, submit copy of certificate from Hawaii Secretary of State*  
*Agent for service of process* \_\_\_\_\_
- ☐ Limited Liability Company: *Submit Articles of Organization, Statement of Information & operating agreement.*  
\_\_\_ Domestic or \_\_\_ Foreign *If foreign, submit copy of certificate from Hawaii Secretary of State*  
*Agent for service of process* \_\_\_\_\_
- ☐ Husband and Wife Co-Ownership: *Name of Spouse* \_\_\_\_\_
- ☐ Local Government Agency: \_\_\_ County
- ☐ Federal Agency: \_\_\_ Military Installation \_\_\_ National Park \_\_\_ Other Federal Property
- ☐ Other (Explain): \_\_\_\_\_

10. Federal ID# (Employer ID#) \_\_\_\_\_  
*Corporations, partnerships and other organizations with paid employees must provide a Federal ID#.*

11. Are you, your spouse, your partner, or any corporate officer **currently permitted** by the Department of Health, Solid & Hazardous Waste Branch? (Any permit) ☐ Yes ☐ No  
*If YES, permit number(s)* \_\_\_\_\_  
*Expiration date(s)* \_\_\_\_\_

12. Are you, your spouse, your partner, or any corporate officer **currently certified** to operate a redemption center by the Department of Health, Office of Solid Waste Management? (Any certification) ☐ Yes ☐ No  
*If YES, certification number(s)* \_\_\_\_\_

13. Have you, your spouse, your partner, or any corporate officer **ever been certified** to operate a redemption center by the Department of Health, Solid & Hazardous Waste Branch? (Any certification) ☐ Yes ☐ No  
*If YES, certification number(s)* \_\_\_\_\_

14. Do you, your spouse, your partner, or any corporate officer have additional **pending applications** with the Department of Health, Office of Solid Waste Management? (Any applications) ☐ Yes ☐ No  
*If YES, list applications* \_\_\_\_\_

15. Have you, your spouse, your partner, or any corporate officer ever had a certificate **denied, suspended, or revoked** by the Department of Health, Office of Solid Waste Management? (Any certification) ☐ Yes ☐ No  
*If YES, certification number(s)* \_\_\_\_\_

16. Has any officer, individual, partner, or husband/wife co-owner, been convicted of a crime of deceit (including, but not limited to, theft, fraud, or embezzlement)? ☐ Yes ☐ No  
*If YES, name of person convicted, date, and state where person was convicted* \_\_\_\_\_

### SECTION 3: Facility Information

17. Name of Facility \_\_\_\_\_
18. Facility Address \_\_\_\_\_  
\_\_\_\_\_
19. Facility Phone Number \_\_\_\_\_
20. Property Ownership: ☐ Own ☐ Lease ☐ Rent ☐ Donated Space ☐ Other  
(specify): \_\_\_\_\_  
*Submit a copy of the current tax or mortgage statement, or current rental/lease agreement or written use agreement from the owner or leaseholder authorizing use of the property for a recycling business. The document must identify the operator and the facility address (as listed above).*
21. Name of Property Owner/Leaseholder \_\_\_\_\_
22. Owner/Leaseholder 's Address \_\_\_\_\_  
\_\_\_\_\_
23. Owner/Leaseholder 's Phone Number \_\_\_\_\_
24. Has the facility ever been operated by a different certified operator or under a different facility name? ☐ Yes ☐ No  
Former facility name, if applicable: \_\_\_\_\_  
Former operator name, if applicable: \_\_\_\_\_  
Former certification number, if known: \_\_\_\_\_
25. Do you agree to inspect loads of empty beverage containers in accordance with the law? ☐ Yes ☐ No  
Initials: \_\_\_\_\_  
*Corporate officer, or all partners, both husband and wife co-owners must initial (original).*
26. Do you agree to accept and redeem all material types of deposit beverage containers at the facility? ☐ Yes ☐ No  
Initials: \_\_\_\_\_  
*Corporate officer, or all partners, both husband and wife co-owners must initial (original).*
27. Describe the methods used to collect and store redeemed beverage containers:  
☐ Bins ☐ Trailers ☐ Reverse vending machines ☐ Carts ☐ Bales ☐ Pickup truck/Van/Auto  
☐ Other (explain): \_\_\_\_\_
28. If using reverse vending machine(s), indicate the proposed method for redeeming beverage containers that are not accepted by the machine(s).  
☐ In store redemption: Name and address of store: \_\_\_\_\_  
☐ On-site attendant ☐ Other (explain): \_\_\_\_\_

### SECTION 4: Redemption Center Plan

29. A redemption center plan is included with this application and named ATTACHMENT A? ☐ Yes ☐ No

## SECTION 5: Certification Statement

If the applicant is a partnership or group other than a corporation or a county, the application shall be made by one individual who is a senior/supervising member of the group. If the applicant is a corporation or a county, the application shall be made by an officer of the corporation, general manager of the facility, or an authorized representative of the county.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision by qualified personnel who have properly gathered and evaluated the submitted information. I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine, imprisonment for a knowing violation, or both.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## ATTACHMENT A: Redemption Center Plan

**Attachment A must include all of the following to be considered a complete application.**

1. Site Plan
  - a. Description of redemption center site or network.
  - b. List of locations.
2. Scope of Services
  - a. Describe methods of collecting deposit beverage containers.
  - b. Describe methods to identify deposit containers from non-deposit containers.
  - c. Provide estimated hours of operation per day and week.
  - d. Describe how deposits will be paid to customers. If a redemption center is planning on issuing vouchers for redemption values then a voucher implementation plan must be included.
  - e. Describe where deposit containers will be collected from and transported to (i.e. out-of-state recyclers, end markets).
  - f. Describe methods to secure loads of redeemed deposit containers and prevent fraud.